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### NOTICE OF ALLOWANCE AND FEE(S) DUE

32615

7590

04/18/2007

OSHA LIANG L.L.P./SUN 1221 MCKINNEY, SUITE 2800 HOUSTON, TX 77010 EXAMINER

RUTTEN, JAMES D

ART UNIT PAPER NUMBER

2192

DATE MAILED: 04/18/2007

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.    | CONFIRMATION NO. |
|-----------------|-------------|----------------------|------------------------|------------------|
| 10/713.651      | 11/14/2003  | Michael W. Shapiro   | 03226.344001:SUN040244 | 6970             |

TITLE OF INVENTION: MECHANISM FOR SAFE BYTE CODE IN A TRACING FRAMEWORK

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$0                 | \$0                  | \$1400           | 07/18/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further<br>indicated unless correct<br>maintenance fee notifica                                                                                                                                                                                                                                                      | ed below or directed oth                                     | ng the Patent, advance of<br>herwise in Block 1, by (a                                                                         | rders and notification of<br>a) specifying a new corr                                                                                                                                                                                                                                                                                          | maintenance fees wespondence address;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | vill be ma<br>and/or ( | ailed to the current of<br>b) indicating a separ | correspondence address as<br>ate "FEE ADDRESS" for                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  32615 7590 04/18/2007  OSHA LIANG L.L.P./SUN 1221 MCKINNEY, SUITE 2800 HOUSTON, TX 77010                                                                                                                                                                |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                        |                                                  |                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  |                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  | (Signature)                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  | (Date)                                                                                                                                      |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                       | FILING DATE                                                  |                                                                                                                                | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                            | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ATTORN                 | NEY DOCKET NO.                                   | CONFIRMATION NO.                                                                                                                            |
| 10/713,651<br>TITLE OF INVENTION                                                                                                                                                                                                                                                                                                      | 11/14/2003<br>I: MECHANISM FOR S.                            | AFE BYTE CODE IN A                                                                                                             | Michael W. Shapiro<br>TRACING FRAMEWOI                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 03226.34               | 14001;SUN040244                                  | · 6970                                                                                                                                      |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                           | SMALL ENTITY                                                 | ISSUE FEE DUE                                                                                                                  | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E FEE                  | TOTAL FEE(S) DUE                                 | DATE DUE                                                                                                                                    |
| nonprovisional                                                                                                                                                                                                                                                                                                                        | МО                                                           | \$1400                                                                                                                         | \$0                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | \$1400                                           | 07/18/2007                                                                                                                                  |
| EXAM                                                                                                                                                                                                                                                                                                                                  | IINER                                                        | ART UNIT                                                                                                                       | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                  |                                                                                                                                             |
| RUTTEN, JAMES D 2192                                                                                                                                                                                                                                                                                                                  |                                                              |                                                                                                                                | 717-126000                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                  |                                                                                                                                             |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                              |                                                                                                                                | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  |                                                                                                                                             |
| PLEASE NOTE: Uni<br>recordation as set fort<br>(A) NAME OF ASSIG                                                                                                                                                                                                                                                                      | less an assignee is identi<br>h in 37 CFR 3.11. Comp<br>GNEE |                                                                                                                                | data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT                                                                                                                                                                                                                                                                       | patent. If an assigno<br>assignment.<br>Y and STATE OR C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OUNTR                  | Y) .                                             | cument has been filed for                                                                                                                   |
| 4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies                                                                                                                                                                                             |                                                              |                                                                                                                                | 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  |                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                       | tus (from status indicated s SMALL ENTITY statu              | •                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                | OMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I PAIRIA               | EV 0 27 OF                                       | 27/ )/2)                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                | b. Applicant is no lo                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                  | assignee or other party in                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                  |                                                                                                                                             |
| Authorized Signature  Typed or printed name                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  |                                                                                                                                             |
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| Alexandria, Virginia 223                                                                                                                                                                                                                                                                                                              | 13-1430.                                                     | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR ( |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  | by the USPTO to process)<br>gathering, preparing, and<br>e you require to complete<br>tment of Commerce, P.O.<br>or Patents, P.O. Box 1450, |



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| 32615           | 7590 04/18/2007 |                         | EXAMINER                    |                  |  |  |  |
| OSHA LIANG      | L.L.P./SUN      | RUTTEN, JAMES D         |                             |                  |  |  |  |
|                 | EY, SUITE 2800  |                         | ART UNIT                    | PAPER NUMBER     |  |  |  |
| HOUSTON, TX     | 77010           |                         | 2192                        |                  |  |  |  |
|                 |                 | DATE MAILED: 04/18/2007 |                             |                  |  |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 728 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 728 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.